

Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi Department of Rehabilitation Services		CONTACT PERSON Anita Naik	TELEPHONE NUMBER 601-853-5324	
ADDRESS P.O. Box 1698		CITY Jackson	STATE MS	ZIP 39110
EMAIL ANaik@mdrs.state.ms.us	SUBMIT DATE 06/04/10	Name or number of rule(s): Office of Special Disability Programs (OSDP) Policy and Procedure Manual		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: _____

These are the new Interim Policy and Procedures for the Office of Special Disability Programs (OSDP). The OSDP is a Division under the Mississippi Department of Rehabilitation Services. Policy and Procedures were updated and reformatted.

Specific legal authority authorizing the promulgation of rule: _____

List all rules repealed, amended, or suspended by the proposed rule: _____

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____☒ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	Action proposed: _____ New rule(s) _____ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference Proposed date of adoption: _____ 30 days after filing _____ Other (specify): _____	Action taken: <input checked="" type="checkbox"/> Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed Effective date: _____ 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: H.S. "Butch" McMillan, Executive Director

Signature of person authorized to file rules: *H.S. Butch McMillan*

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
<div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by	<div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by	<div style="border: 1px solid black; padding: 10px; text-align: center;"> FILED JUN 04 2010 MISSISSIPPI SECRETARY OF STATE RECEIVED Accepted for filing by 17003 ✓ JUN 07 2010 </div>

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

OSDP-PROGRAM ADMINISTRATION